

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/674403

FILED DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/		X			
4	/					
5	/					
6	/					
7	/		X			
8	/					
9	/					
10	/					
11	/		X			
12	/					
13	/					
14	/					
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36	/	/				
37	/					
38	/					
39	/					
40	/					
41	/		X			
42	/					
43	/					
44	/					
45	/		X			
46	/					
47	/	/				
48	/		X			
49	/					
50	/					
TOTAL IND.	44		11			
TOTAL DEP.	5		1			
TOTAL CLAIMS	49		12			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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97						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS